

# CLAIMS ONLY

SERIAL NO. **09/785,632**  
 APPLICANT(S)

FILING DATE

**4/4/05**

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097765,632**

FILING DATE

APPLICANT(S)

**44105**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
<del>101</del>							151						
<del>102</del>							152						
<del>103</del>							153						
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<del>107</del>		1					157						
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<del>111</del>							161						
<del>112</del>		1					162						
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<del>117</del>		1					167						
118	1						168						
119		1					169						
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150							200						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	5						TOTAL CLAIMS						